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## APPLICANTS

Ricardo Alexander Gomez, New York, NY;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 5
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>MK</i>				

## ADDRESS

35301  
 MCCORMICK, PAULDING & HUBER LLP  
 CITY PLACE II  
 185 ASYLUM STREET  
 HARTFORD, CT  
 06103

## TITLE

Method and apparatus for protecting the distal lens of endoscopes

FILING FEE  RECEIVED 716	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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